

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596666

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1		1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19	1		1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34	1		1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43	1		1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1		1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61	1		1		1	
62			1		1	
63			1		1	
64			1		1	
65			1		1	
66			1		1	
67			1		1	
68			1		1	
69			1		1	
70			1		1	
71			1		1	
72			1		1	
73			1		1	
74			1		1	
75			1		1	
76			1		1	
77			1		1	
78			1		1	
79			1		1	
80			1		1	
81			1		1	
82			1		1	
83			1		1	
84			1		1	
85			1		1	
86			1		1	
87			1		1	
88			1		1	
89			1		1	
90			1		1	
91			1		1	
92			1		1	
93			1		1	
94			1		1	
95			1		1	
96			1		1	
97			1		1	
98			1		1	
99			1		1	
100			1		1	
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	